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APPLICANTS

David P. Gallo SR., New Hartford, NY;

** CONTINUING DATA ***** R.R.

This application is a DIV of 09/390,087 09/03/1999 PAT 6,419,675

** FOREIGN APPLICATIONS ***** Note, R.R.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/11/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	NY	DRAWING 10	CLAIMS 11	CLAIMS 3
Verified and Acknowledged	<i>P. Gallo SR.</i> Examiner's Signature	Initials			

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TITLE

Electrosurgical coagulating and cutting instrument

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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